

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M P		7-24-01
O.I.P.E. CLASSIFIER	ma		8/2/01
FORMALITY REVIEW	SL	1021	08/30/01
RESPONSE FORMALITY REVIEW	MH	625	10-17-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	05/03
2	06/03
3	06/03
4	06/03
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50	06/03

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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208/0  
 08/30/01  
 85  
 10/18/01